

# BRAINTREE COMMUNITY CONTINUING EDUCATION

## REGISTRATION FORM

NAME (FIRST, M.I., LAST):

ADDRESS:

TOWN & ZIP CODE:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

COURSE NAME AND COURSE NUMBER:

STATUS (PLEASE CIRCLE ONE):

Adult Non-Resident Senior Citizen Staff Student

COURSE FEE:

CHECK#:

BANK NAME:

AMOUNT ENCLOSED:

DAY(S) CLASS MEETS (PLEASE CIRCLE):

Monday

Tuesday

Wednesday

Thursday

A separate form and a separate check for each course – please make checks payable to Town of Braintree.  
Mail to: Community Continuing Education, Braintree High School, 128 Town Street, Braintree, MA 02184.

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